

 $\label{local_John_Flynn_John} John Flynn < JFlynn@afphq.org> on 09/25/2010~05:27:31~PM$ 

To:

"'2022190174@fec.gov'" <2022190174@fec.gov>

cc

Subject: FEC Form 9

Attached please find FEC Form 9 for Americans for Prosperity. Please let me know if you have any questions.

Regards,

John Flynn EVP/General Counsel Americans for Prosperity (703) 224-3200



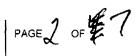
FEC Form 9 - 9-25-10.pdf

### FEC FORM 9

# 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

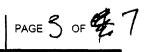
1. 1	Person Making the Disbursements/Obligat	tions					
	(a) Name	J.					
	Americans for Mosteri (1) Address (number and steet) check to guere 2111 Wilson Blud. Su	it (than previously reported (** \$50)		2. FEC 1	dentificat	ion Number	2. <b>4</b> 4
	(c) City Statement ZIP Code VA 22201		) Occupation	С	and Commission of the Commissi	وند نسستو مدرد درد	
4	(d) Name of Employer or Pilincipal Place of Business	Co.	y Cocupation	named to be a second to the se	Edit resus resultante dessesses ref	an man anna anna anna anna anna anna an	M2*
,	Is This Statement Of	4. Covering Period	09		20 i	0	-
J.	Amended	4. Covering Feriod	09		20	10	
5.	(a) Date of Public Distribution(s) 09 V	72010 (b) Comm	unication Ti	ne 'VIC	Bus Tou	ur Stony Pa	n+9.29"
6. 1	The filer is a(n): (a) Individual (b) Unino (d) Corporation, Labor Organization or Qua	lified Nonprofit Corporation mak	ing commur	,		(11 CFR 114.10 R 114.15	)
7.	If the filer is an individual, unincorporate were the disbursements made exclusively					No	
8.	Custodian of Records	nananan ya ya wa wa wa ka a 194 a a a a 184 ak <sup>a a</sup> 1884 a a a a a a a a a a a a a a a a a a	- 198 (1995) (1995) (1995)	***************************************			
	(a) Name Steve Mullins						
	(b) Address (number and street) 2111 Wilson Blud	1, Suite 350			endendendendendenden en e		
	(c) City, State and ZIP Codu Artington VA 22 (d) Name of Employer or Runcipal Place of Business	201	e) Occupation	· · · · · · · · · · · · · · · · · · ·	one and the second seco	The second secon	oute - T
,	Americans for Pros	sperity	CFC	)		and the second s	<b>n</b>
9.	Total Donations This Statement		/	000	> 00		-
10.	Total Disbursements/Obligations This Sta	atement	/3	3 3 80	)00		
	Under penalty of perjury, I certify that this statemen		<i>E</i> (				
	TYPE OR PRINT NAME OF PERSON COMPLETING I	form John 1	ymr	0/-	-1		*****
	SIGNATURE SUNTY		DATE	7/25	12010	n. 1.1890	

## List of Person(s) Sharing/Exercising Control (use additional pages as necessary)



Person(s) Sharing/Exercising Control	
A. (a) Name Tim Phillips	
(b) Address (number and, street) Stud Ste 350	
(c) City, State and ZIP Gode Arivaton, VA 27701	
(d) Name of Employador Principal Place of Business  AMERICANS for Prospering	(e) Occupation President
B. (a) Name John Flynn	
(b) Address (number and street) 2111 Wilson Blud Ste 350	
(c) City, State and ZIP Code Arlington, VA 22201	
(d) Name of Employed or Principal Place of Business Americans for Prosperity	Servetary/Treasurer
C. (a) Name Steve Mullins	
(b) Address (number and street)  ZIII Wilson Blud Ste 350	
(c) City. State and ZIP Code ATTIVATION, VA 22201	
(d) Name of Employer or Principal Place of Business AMUN CANS For Passen 4.	(e) Occupation CFO
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

# SCHEDULE 9-A Donation(s) Received



Α.	Full Name of Donor  Chicago Tea Parties  Mailing Address of Donor  11308 South Trumbul  City  Chicago IL	,LTD	Date of Receipt 09 114 2010
	11308 South Trumbull Ave		Amount /,000 00
	Chicago 1L State	60655	, /,000.00
В.	Full Name of Donor		Date of Receipt
1)	Mailing Address of Donor		Amount
:	City State	Zip	,
c.	Full Name of Donor		Date of Receipt
	Mailing Address of Donor		Amount
	City State	Zip	
D.	Full Name of Donor		Date of Receipt
	Mailing Address of Donor		Amount
	City State	. Zip	
E.	Full Name of Donor		Date of Receipt
	Mailing Address of Donor		Amount
	City State	Zip	,
SUBT	OTAL of Donations This Page (optional)		100000
TOTAL	. This Period (last page this line number only) (carry total from last page to Line 9)	.,,	100000

Disbursement(s) Made or Obligation(s)

PAGE 4	OF #	7
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A. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation			
WY L-1	09 14 2010			
Mailing Address of Payee 25 Northwest Point Blvd	Amount			
City ELK Grove Village W 60007	1.600 00			
	Communication Date			
Name of Employer J Gacupation	09 14 2010			
Purpose of Disbursement (Including title(s) of communication(s)) Placement of Radio Ad "St. Charles Even				
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:			
Bill Foster Senate District: 14	☐ Primary X General ☐ Other (specify) ▶			
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:			
Senate  District:  President	Primary General Other (specify)			
Name of Federal Candidate Office Sought: L. 1. House	Disbursement/Obligation For:			
State:	Primary General			
District: President	Other (specify)			
B. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation			
Konjolka Media Mailing Address of Peygo,	09 23 2010			
Po Box 666	Amaunt C C C C C C C C C C C C C C C C C C C			
City State Zip Code MA 02493	, $980.00$			
Name of Employer Occupation	_			
	09 23 2010			
Purpose of Disbursement (Including title(s) of communication(s))  Pacement of Radio Ad HFP Bus Stop Fruitland"				
Name of Federal Candidate Office Sought: House State: MD	Disbursement/Obligation For:			
Frank Krectovil Senate District:	☐ Primary ☐ General ☐ Other (specify) ▶			
Name of Foderal Candidate Office Sought: House	Disbursement/Obligation For:			
State:	Primary General			
District:	Other (specify)			
Name of Federal Candidate Office Sought: [ ] House	Disbursement/Obligation For:			
State:	Primary General			
District:	Other (specify)			
SUBTOTAL of Disbursements/Obligations This Page (optional)	198000			
	•			
TOTAL This Period (last page this line number only)				

Disbursement(s) Made or Obligation(s)

PAGE 5 OF 7

A. Full Name (Last, First, Midgle/Initial) of Payee	Date of Disbursement or Obligation
Konjolka/Veolja	09 23 2010
Mailing Address of Payee	Amount
City , State Zip Code	940 00
Weston MA 02493	Communication Date
Name of Employer Occupation	09 23 2010
Purpose of Disbursement (Including little(s) of communication(s)) Placement of Cacho Ad "NIC Bus Styp Sa	
Name of Federal Candidate Office Sought: House State: WH	Disbursement/Obligation For:
AnnuMclane Kuster Senate District: Z	Primary X General  Other (specify) ▶
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For: Primary General
Sonate District:	Other (specify)
Name of Foderal Candidate Office Sought: House State:	Disbursement/Obligation For:
Senate District:	Primary General
President	Other (specify)  Date of Disbursement or Obligation
B. Full Name (Last. First. Middle Initial) of Payee  Konjol Ka Media.	09 23 2010
Mailing Address of Payee Po Box Idelo	Amount 940 00
City Weston MA 02493	Communication Date
Name of Employer. Occupation	09 24 2010
Purgose of Disbursement (Including title(s) of communication(s)) Recember of Radio Ad "NIC Bus Tour Rom	e 9.28"
Name of Federal Candidate  Office Sought: X House State:	Disbursement/Obligation For:
Michael Arcuri — Senate District: 24	☐ Primary XI General ☐ Other (specify) ▶
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:
Senate District:	Primary General
Name of Federal Candidate Office Sought:     House	Disbursement/Obligation For:
Senate:	Primary General
President District:	Other (specify)
SUBTOTAL of Disbursements/Obligations This Page (optional)	1880 00
TOTAL This Period (last page this line number only)	

Disbursement(s) Made or Obligation(s)

	1	-	7
PAGE	6	OF	1

A. Full Nome (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation				
Konjolka Media	09 23 2010				
Mailing Address of Payee	Amount				
City State Zip Code	5600 00				
Weston MA 02493	Communication Date				
Name of Employer Occupation	09242010				
Purpose of Disbursement (faculating title(s) of communication(s)) Processed of Radio Ad "Nichalas Tour Sta	ny Point 9.29"				
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For: Primary   X   General				
John Hall Senate District: 191	Other (specify)				
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:   Primary   General				
Senate District:	Other (specify)				
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For:				
Senate District:	Primary General				
President	Other (specify)				
B. Full Name (Last, First, Middle Initial) of Payee	Date of Disbursement or Obligation				
Konjoka Media	09 23 2010				
Mailing Address of Payee	Amount				
City State Zip Code	1.140 00				
Weston MA 02493	Communication Date				
Name of Employer Occupation	09 24 2010				
	aferthoun 9.29"				
Name of Federal Candidate Office Sought: House State:	Disbursement/Obligation For: Primary X General				
Bill Owens Sensite District: 23	Other (specify)				
Name of Federal Candidate Office Sought: Hause State:	Disbursement/Obligation For:				
Senate District:	Primary General				
President	Other (specify)				
Name of Federal Candidate Office Sought:   House   State:	Disbursement/Obligation For: Primary General				
Senate District:	Other (specify)				
1					
SUBTOTAL of Disbursements/Obligations This Page (optional)	SUBTOTAL of Disbursements/Obligations This Page (optional)				
TOTAL This Period (last page this line number only)	-				
, , ,					

Disbursement(s) Made or Obligation(s)

PAGE 7 OF 7

A.	Full Name (Last, First, Middle Initial) of Payee	1	Date of Disbursement or Obligation
	Konjolka Media		09 23 20 10
	Malling Niddless of Payer		Amount
	to 139% bldo		2.780 00
l	City Desitors Add	Zip Code D249 7	2.78000
	Name of Employer Occupation	0413	Communication Date
		,	09 24 2010
	Purpose of Disbursement (Including tille(s) of communication(s  Placement of Radio Ad "NIC	Bus Tour Hu	
l	Name of Federal Candidate Office Sought: He	ouse State: NY	Disbursement/Obligation For: Primary General
	OCOTT MUNING	esident District: 20'	Other (specify)
ĺ	Name of Federal Candidate Office Sought: Ho	iuse State:	Disbursement/Obligation For:
1	Se	nate District:	Primary General
		esident	Other (specify)
		ouse State:	Disbursement/Obligation For: Primary General
		enate District:esident	Other (specify)
-	wanter .	esident	Date of Disbursement or Obligation
β.	Full Name (Last, First, Middle Initial) of Payee		W W D D W N N N N N
	Mailing Address of Payee		
	Mailing Address of Fayes		Amount
	City State	Zip Code	•
			Communication Date
	Name of Employer Occupation		Programme and the second secon
	Purpose of Disbursement (Including title(s) of communication(s	))	
	Name of Federal Candidate Office Sought: Ho	ouse State:	Disbursement/Obligation For:
l	Se	nate District:	Primary General
		esident	Other (specify) ▶
ı	n/aug	ouse State:	Disbursement/Obligation For: Primary General
	the state of the s	nate District:	Other (specify)
l		esident	Disbursement/Obligation For:
	(33,000)	State:	Primary General
		District:	Other (specify)
ــــا	Name of the Control o		
			A
5	SUBTOTAL of Disbursements/Obligations This Page (optional)		2780.00
	TOTAL This During (los) near this line number (-1.)		13,380,00
	TOTAL This Period (last page this line number only)	P.	( 5, 5 6 6 , 5 6

## **Federal Election Commission** ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Email Other (Specify): 9/25/2010 PREPARER: DATE PREPARED

(3/2005)